



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

Surgical And Diagnostic Center, LP
729 Bedford Eules Road West, Suite 100
Hurst, TX 76053

MFDR Tracking #: M4-06-1236-01

DWC Claim #: [REDACTED]

Injured Employee: [REDACTED]

Date of Injury: [REDACTED]

Respondent Name and Box #:

American Home Assurance Co
Box #: 19

Employer Name: [REDACTED]

Insurance Carrier #: [REDACTED]

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary, taken from the Table of Disputed Services states in part, "Carrier did not pay according to Fee Guidelines"

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$531.91
3. CMS 1500s
4. EOBs

COPY

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "...The carrier contends that the service identified as CPT Code 29844-59 is "global" to the service identified as CPT Code 29846..."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount in Dispute	Amount Ordered
2/17/05	29844-SG-59 (\$498.74 x 213.3% = 1063.81 x 50%)	1-4	\$531.91	\$531.91
Total:				

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.402, titled *Ambulatory Surgical Center Fee Guideline* amended to be effective September 1, 2004 set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "1 – By clinical practice standards, this procedure is incidental to the related primary procedure."
2. Per review of Box 32 on CMS-1500, zip code 76053 is located in Tarrant County. In compliance with Rule 134.402 this is Locality 28. Procedure 29844 is found in ASC Group 3.
3. CPT code 29844 is considered to be a component procedure of CPT code 29846. A modifier is allowed in order to differentiate between the services provided. The Requestor's CMS-1500 reflects they billed with a modifier -59.
4. Per Rule 134.402(b-c), reimbursement for ASC facilities will be made based on 100% of the procedure classified in the highest payment group and 50% for each subsequent procedure billed. The MAR for CPT code 29844 is \$531.91 ($\$498.74 \times 213.3\% = \1063.81 at 50% = \$531.91); therefore, reimbursement is recommended.

A Legal & Compliance referral will be made.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1 and Section. 134.402
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$531.91 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

ORDER:



Authorized Signature



Medical Fee Dispute Resolution Officer

10/08/07

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. Please include a copy of the Medical Fee Dispute Resolution Findings and Decision together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.